

Iowa Medicaid Fee Schedule

This is an explanation of the Iowa Medicaid Fee Schedule effective 01/01/13. The Medicaid Fee is located under the column heading “Factor” except for Anesthesia (Factor Code A), the fee shown is the base unit. Services “By Report” have a Factor Code of “M” and the Factor will be 0.00. “By Report” means that the procedure is manually priced based upon the description/documentation submitted with the claim form. Rental Items and their Fee are identified by an “R” under the column labeled “Proc Type”. Other Factor Codes and their descriptions are:

F = Fee Schedule
G = Professional Component (Modifier 26)
H = Technical Component (Modifier TC)
M= By Report
Q= EPSDT- Total Over 17
R= EPSDT- Total Under 18
S= EPSDT- Partial Over 17
T= EPSDT-Partial Under 18
U= Gynecology Fee
V= Obstetrics Fee
W= Child Fee
X= Site of Service Differential
Y= Primary Care Payment Increase
Z= Primary Care Payment Increase w/ Site of Service Differential
9 = Provider Type Specific Fee

Please note that in accordance with the Legislative Appropriation for FY2002, the reimbursement for Laboratory Services will be the published fee minus 3% except for laboratory services performed and billed by the Independent Laboratory Provider Types.

New Pricing Modifiers

Mental Health Modifiers for Community Mental Health Centers and Physician billing:

HP = Service by psychologist pays 90% of fee schedule
HO = Service by Social Worker pays 80% of fee schedule
HN = Service by Psychiatric Nurse pays 70% of fee schedule

Pricing Modifiers for Local Education Agency, Area Education Agency and Infant and Toddler Program billing:

AH = Services by a Clinical Psychologist pays 95% of fee schedule
AJ = Services by a Clinical Social Worker pays 72% of fee schedule
GN = Services by a Speech Pathologist pays 100% of fee schedule
GO = Services by an Occupational Therapist pays 100% of fee schedule
GP = Services by a Physical Therapist pays 100% of fee schedule

HO = Service by Guidance Counselor pays 72% of fee schedule **
HQ = Services in a Group Setting pays 60% of fee schedule
TD = Services by a RN pays 72% of fee schedule
TE = Services by a LPN pays 64% of fee schedule
TL = Early Intervention pays 63% of fee schedule
TM = Individualized Education Program pays 63% of fee schedule *
U9 = Service by Other Health Associate pays 50% of fee schedule
UA = Service by Audiologist pays 165% of fee schedule
** HO does not apply to I&T Program or AEA billing
*TM does not apply to I&T Program

Other Pricing Modifiers:

U2 = Service by a Physician Assistant pays 75% – 85% of physician fee schedule

80 = Service by an Assistant Surgeon pays 16% of the physician fee schedule

AS = Service provided by Physician Assistant in Surgery pays 65% of the allowed amount for modifier 80

54 = Surgical Care Only pays 75% of the physician fee schedule

UE = Used DME equipment pays 80% of the DME fee schedule

RR = Rental DME fees are identified on the fee schedule

26 = Professional Component fees are identified on the fee schedule

TC = Technical Component fees are identified on the fee schedule

Anesthesia Pricing Modifiers

Physician Billing:

AD = Medical Direction of a (Employed by Physician) CRNA

QY = Medical Direction of CRNA employed by the hospital pays 40% of allowance for AA and AD

CRNA Billing:

QX = Medical Direction by Anesthesiologist pays 60% of allowance for AA and AD

QZ = No Medical Direction by Anesthesiologist pays 80% of the allowance for AA and AD